

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/592995

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4		/				
5		/				
6		2				
7		2				
8		2				
9		2				
10		2				
11		1				
12		1				
13		1				
14		1				
15		1				
16	/					
17	/					
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21	/					
22		3				
23		1				
24		1				
25		1				
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TOTAL IND.	9					
TOTAL DEP.	56					
TOTAL CLAIMS	47					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						